- A								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								286.040					
CLAIMS AS FILED - PART I SMAL (Cotumn 1) (Cotumn 2) TYPE										OR		THAN ENTITY	
TO	OTAL CLAIMS	}	HI	,			·ſ	RATE	FEE	7	RATE	. FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	€ 385.00		BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			#/ minus 20=		. 21		ľ	XS 9= 189		ОЯ	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		•		ŀ	X43±		┨``	X86=-		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT			~~ ~ ⊢			-	OR			
<u> </u>		in antième e in	lace then T	ss than zero, enter "0" in column 2			L	+145=	 	OR	+290=	·	
		CORDUM S		TOTAL	374	OR	TOTAL	Ŀ					
4	1.27.65 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
A		CLAIMS REMAINING		HIGH	SY EA USLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE]	RATE	ADDI-	
AMENDMENT /	•	AFTER AMENDMENT		PREVIO								TIONAL FEE	
	Total	- 19	Minus	- 2			X\$ 9-		7	OR	X\$18=		
	Independent	. 3	Minus		7 ·	• _	1	X43=	1. /	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢	·	/	•			
15,29,42,							L	+145= YOYAI	! /	OR	+290=		
	•		•				A	DOIT. FEE	- 1 /	OR	ADDIT. PEE	<u> </u>	
	17-28-08	(Column 1)		(Colum		(Column 3)	_		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE'	TIONAL FEE		RATE	TIONAL FEE	
	Total	• 10	Minus	- 20	•	- /	r	X\$ 9=	. /	OR	X\$18=	/	
	Independent	• 3	Minus	ore 3		- /	F	X43=	/-		X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢	+145=	-/	OR	/	/	
									/	OR	+290=/	·	
								TOTAL DIT. FEE		OR ,	DOM. FEE	- <u>:</u>	
(Column 1) (Column 2) (Column 3)											·		
MEN		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		-		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		-		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
• If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.											<u> </u>		
of the Highest Number Previously Paid For in THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE													
		ber Previousty Paid					tound	in the ap	propriete bas	to cot	ma t.		